Research Highlights

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By the Community Health Research Initiative (VCU/CHRI)

Virginia Transgender Health Initiative - Focus Groups Study
HIV-Related Needs of Transgender Virginians Differ from Those of MSM

"When we walk into a place… we feel alienated and feel shunned from the beginning, because typically they don't understand what we're all about."

Transgender is an umbrella term used to describe gender variant people who have identities, expressions or behaviors not traditionally associated with their physical sex or their birth sex.
Male-to-female transgender persons (MTFs, M2Fs) are born into male bodies with female gender identities and/or gender expressions.
Female-to-Male transgender persons (FTMs, F2Ms) are born into female bodies with non-female gender identities and/or gender expressions.
Transgender Care (Trans Health) includes transgender-specific medical procedures such as Hormonal Therapy, Sex Reassignment Surgeries, various cosmetic procedures, psychotherapy, and speech therapy.

In 2002, the Virginia HIV Community Planning Committee (VHCPC) chose transgender people as a priority subpopulation for HIV prevention education and planning. HIV infection was becoming more prevalent in this population, and virtually no data were available to inform the VHCPC planning process. VHCPC worked with a research team from Virginia Commonwealth University to conduct research into the HIV-related health care needs and experiences of this population. In Phase I of The Virginia Transgender Health Initiative Study), the VCU/CHRI research team conducted seven focus groups in Virginia's Central, Northern, Southwestern and Eastern regions during March and April, 2004.

Through the focus groups, we examined the psychological and behavioral factors that increase HIV risk among transgender people and the impact of barriers routinely encountered by transgender individuals who seek healthcare services in Virginia. The focus groups were facilitated by transgender persons of appropriate gender vectors and ethnicities and co-facilitated by members of the research team. Nine topic areas were addressed: access to regular medical services, access to transgender care services, employment discrimination, housing discrimination, violence, substance abuse and self-esteem, HIV knowledge and perception of risk, HIV testing, and access to HIV/AIDS treatment.

Forty-eight transgender people participated, representing both gender vectors (MTF and FTM) and diverse racial/ethnic groups - 25 African Americans (52%), 18 Caucasians (38%), 4 Latinas (8%), and 1 multi-racial (2%). Thirty-two (67%) were assigned male at birth, and 15 (31%) were assigned female at birth.

Findings

Social stigma, discrimination and victimization were constants in the lives of the transgender people who participated in these focus groups. The societal stigma of transgenderism was evidenced by discrimination, violence, and barriers to medical care. Victimization led to economic vulnerability, sex work as an occupation, substance abuse, and low self-esteem. Passing in a chosen gender was viewed as a means of improving self-esteem and also avoiding victimization. Since passing is a function of access to transgender-related medical care, especially trans-hormonal therapy, this was a priority for most participants. Faced with many barriers to accessing health care, participants reported self-medication, using hormones without medical supervision.

Despite knowledge of HIV risks, many participants engaged in unprotected sex. Other risk factors included substance abuse and unprotected sex in prostitution due to extreme financial need. Sex worker participants were mostly transgender women but also included FTMs. Economic vulnerability was the primary reason for doing sex work. Chief among concerns raised by the participants about HIV testing were confidentiality of results, especially by local health departments, and additional discrimination due to an HIV positive diagnosis.

Environmental Factors

Discrimination

Many participants had experienced employment discrimination and difficulties in gaining or maintaining employment, including job loss and failures to be hired. A non-passing physical appearance was often linked to job discrimination and difficulties with co-workers. Hostile work environments were reported by many participants. Participants in white collar positions and employment longevity were more likely to keep their jobs when they came out as transgender. Housing discrimination was less commonly reported, but some African-American and Latina transgender women had encountered discrimination in public housing and shelters.

Access to Regular Medical Care

"The doctors don't understand the transgender community… They want to be seen as women, and they want to be able to come to [doctors' offices] and be accepted, and lots of times they aren't because of their physical appearance."

Participants mentioned hostility, insensitivity, disrespect and even discrimination by medical providers as barriers to accessing regular medical care. Participants had very negative experiences with insensitive or hostile doctors, especially FTM participants when they tried to access gynecological care. Fears of negative reactions caused participants not to disclose their transgender status and to avoid necessary medical care. A minority was out to their doctors and had comfortable relationships with them, staying with the same doctor over time. Lack of insurance, connected with a lack of employment, was also a barrier to access, as was identity documentation.

Access to Mental Health Care

Focus group participants expressed mixed attitudes about mental health care. Those who had negative experiences with their psychotherapists were treated very poorly, due to providers' lack of experience with transgender people or their belief that transgenderism is a mental illness. Many who chose not to access mental health care had negative attitudes toward it, due to traditional mental illness stigma and their own feeling that being transgender was not a mental illness. Those seeking psychotherapy had great difficulties finding mental health providers who were compassionate, experienced and competent.

Access to Transgender Care Services

"People not only buy hormones everywhere they can possibly get them, but they are willing to do almost anything to get them. They're willing to sell themselves often to feel better about themselves."

Obtaining hormones was a priority need for most focus group participants, since it allowed many to pass in their chosen genders, avoiding discrimination and victimization. However, many participants experienced barriers to its access, including a lack of insurance, identity documentation issues and the lack of willing providers. The lack of insurance itself was often related to unemployment in connection with discrimination, or sex work as an alternative means of earning income. Those with insurance had either limited or no coverage for transgender care. Self-medication of hormones and injection silicone use were frequently men-

tioned by participants, both of which involve their own health risks.

Sex Work, Substance Abuse, and Self-esteem

Sex work was more often reported by transgender women, but there were also FTMs who did sex work. Discussions of sex work included violence, substance abuse (including injection drug use and sharing of needles), and low self-esteem.

Substance Abuse

High levels of substance abuse were reported by participants, with alcohol and marijuana most commonly mentioned. Individual reasons given by participants for drinking and drugging could be summed up as the need to cope with the many interrelated life stressors of being a member of a socially marginalized, heavily stigmatized gender minority. Other reasons included coping with depression and internalized transphobia, often as a substitute for psychotherapy. Several participants mentioned using drugs to cope with the pressures of sex work, along with peer pressure.

Violence

Many participants were survivors of violence, with murders of peers often reported. Among focus group participants, African-American transgender women sex workers reported the most frequent experiences of violence. Many spoke of harassment and intimidation in their own neighborhoods. There were complaints of secondary victimization by the police when they reported the violence, including being blamed for their own assaults.

Self-esteem

Some participants also spoke about how gender transition eased their depression and reduced their substance abuse. Passing in their chosen genders during or after gender transition was the most significant means of improving self-esteem for many participants, especially for most of the transgender women. Passing afforded them the societal acceptance previously missing in their lives, as well as the means to lead a normal life. This explains the priority many participants expressed in gaining access to transgender-related care.

Having sex was another means of improving self-esteem, since it also included affirmation of gender identities for many participants. Most of the African-American and Latina transgender women felt their gender identities were affirmed by having sex with non-transgender men. Gender identity affirmation through having sex with non-transgender women and men was also expressed by some of the FTM participants.

HIV Knowledge, Testing, and Access to HIV Services

Sexual Risk Behaviors and HIV Knowledge

"(It's) the money situation. A lot of them will pay you more to let them do it raw."

"I know some (FTMs) who have had sex with biological men (and) don't use condoms because they really don't get their period any more… It's really risky…"

Despite high levels of HIV knowledge, many still engaged in unprotected sex. Transgender women had unprotected sex with non-transgender men, and FTMs had unprotected sex with non-transgender men, non-transgender women and other FTMs. Other risk factors included substance abuse and unprotected sex in prostitution due to extreme financial need. Reasons for sex work included lack of regular employment, economic vulnerability and a fast, easy means to earn income. Perception of HIV risk varied among sub-groups of participants and was highest among African-American transgender women, who also had the highest frequency of condom use. The lowest level of condom use seemed to be among Latina transgender and transsexual women. Reasons given for not using condoms or other barriers included monogamy, denial, substance abuse, fluid bonding, and cultural and societal factors. Needle sharing among IDU sex workers was reported by several transgender women.

HIV Testing

"It's already hard for them because society is discriminating (against) you… imagine if you were HIV positive, what more discrimination would come upon you by them knowing you are?"

Barriers to getting tested for HIV included fear of disclosure, not knowing where to get tested, fear of hostile or insensitive test counselors, and fear of testing positive and its consequences. Fear of disclosure was the most common barrier expressed, not only disclosure of an HIV positive status, but also through being tested for HIV. This was especially so for participants in rural areas,

where some felt unable to trust their local health departments and may have been socially isolated, as well. As a consequence, many participants recommended going to a private physician for testing or to AIDS service organizations in Washington, D.C. for the security of anonymous testing.

Access to HIV Prevention and Treatment Services

Participants thought additional cultural competency training for doctors, social workers, prevention education counselors and HIV care providers was necessary. They also felt that medical providers needed more training in transgender care service delivery. Participants said their difficulties were not just with HIV-related medical services but all medical services, and some suggested hiring transgender staff, or starting a transgender-specific clinic. Latina participants were vocal in expressing many unmet prevention education needs, including HIV education workshops, condom distribution, HIV testing, and individual and group level interventions. FTMs and transgender youth had unmet needs for prevention education. Participants viewed the provision of education and job training as priorities, to give sex workers an alternative means of earning income. They also felt the need for financial assistance to cover the cost of their HIV treatment.

Summary

Participants in these focus groups identified many broken relationships with medical, mental health and social service providers. Demand for access to transgender care was very high – principally hormonal therapy – and offers potential as a risk reduction method. Affording transgender people a medically safe means to transform their bodies would improve their self-esteem and bodily comfort, resulting in bodies worth protecting.

The following needs were identified:

- Cultural competency training for medical, social service, shelter and transitional housing staffs;
- Medical service delivery training for medical providers in transgender care services and mental health service delivery training for mental health providers;
- Local clinical transgender care programs operating on a harm reduction model;
- Vocational rehabilitation programs for transgender sex workers;
- Expansion of outreach and condom distribution to transgender subpopulations, especially Latina, transgender youth, and FTM groups;
- Development of transgender-specific HIV/AIDS prevention materials and implementation of transgender-specific prevention workshops;
- Improvement of HIV testing for transgender people; and
- Educational programs for transgender people about transgender care.

The CHRI and the VHCPC

The Community Health Research Initiative (CHRI) was founded in 1994 at Virginia Commonwealth University. CHRI staff conduct community-based research and health access policy studies in conjunction with local, regional, state, and national public and not-for-profit organizations. CHRI staff also manage and incorporate in their studies data from a number of large data sets available through the Inter-University Consortium for Political and Social Research. The Central Virginia HIV Care Consortium, the largest program within CHRI, allocates resources and monitors the performance of more than two dozen organizations that provide HIV care and ancillary services throughout the Richmond/Petersburg MSA.

CHRI researchers conducted the study discussed in this report for the Virginia HIV Community Planning Committee, an advisory committee to the Virginia Department of Health. The VHCPC includes representatives from communities across Virginia most affected by the HIV/AIDS epidemic and is responsible for developing an annual HIV prevention plan for Virginia for submission to the Centers for Disease Control and Prevention (CDC).

For more information about The Virginia Transgender Health Study, the CHRI , or the VHCPC, contact: VCU Community Health Research Initiative, PO Box 3016, Virginia Commonwealth University, Richmond, VA 23284-3016, phone (804) 828-8813, fax (804) 828-6133, or on the World Wide Web at http://www.vcu.edu/srl.*.This study was funded through the Centers for Disease Control and Prevention cooperative agreement U62/CCU-323468, PA 04012.*